Procedure		
Code	Procedure Code Descripiton	Rate
	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$42.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$42.00
	BIOPSY, INTRANASAL	\$25.20
	EXCISION, NASAL POLYP(S), SIMPLE	\$50.40
	EXCISION, NASAL POLYP(S), EXTENSIVE	\$75.60
30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	\$75.60
	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL	.
	RHINOTOMY	\$75.60
	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$75.60
30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	\$42.00
30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	\$42.00
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	\$84.00
	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	\$84.00
	RHINECTOMY; PARTIAL	\$364.50
	RHINECTOMY; TOTAL	\$261.50
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$24.97
	DISPLACEMENT THERAPY (PROETZ TYPE)	\$25.20
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$57.76
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	\$25.20
	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	\$25.20
	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	\$25.20
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	\$244.40
	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR	
	ELE	\$378.00
30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	\$294.00
30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	\$84.82
30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	\$190.87
30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	\$351.50
	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR	
30460	LENGTHEN	\$396.00
	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR	
30462	LENGTHEN	\$795.67
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	\$445.41
	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH	
30520	GRAFT	\$294.00
30540	REPAIR CHOANAL ATRESIA; INTRANASAL	\$285.60
30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	\$419.32
30560	LYSIS INTRANASAL SYNECHIA	\$25.20
30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	\$243.60
30600	REPAIR FISTULA; ORONASAL	\$168.00
30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	\$294.00
30630	REPAIR NASAL SEPTAL PERFORATIONS	\$199.51
	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE	
30801	PROCEDURE)	\$25.20

	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (SEPARATE	
30802	PROCEDURE)	\$25.20
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	\$25.20
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	\$25.20
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	\$58.80
	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD;	
30906	SUBSEQUENT	\$58.80
30915	LIGATION ARTERIES; ETHMOIDAL	\$210.00
30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	\$210.00
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	\$25.20
30999	UNLISTED PROCEDURE, NOSE	\$0.00
31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	\$25.20
31002	LAVAGE BY CANNULATION; SPHENOID SINUS	\$42.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	\$120.54
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	\$304.44
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	\$345.31
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$242.28
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	\$243.60
31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	\$243.60
31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	\$192.78
31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)	\$378.00
31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	\$378.00
31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	\$378.00
31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$378.00
31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$378.00
31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	\$378.00
31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	\$378.00
31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)	\$571.20
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	\$168.00
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	\$252.00
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	\$243.60
31225	MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION	\$243.60
31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	\$369.60
31231	NASAL ENDOSCOPY, DIAGNOSTICS UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$67.20
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	\$77.81
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	\$126.00
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DIBRIDMENT	\$93.91
31238	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH CONTROL OF EPISTAXIS	\$112.00
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$126.00
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$104.00
31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	\$233.03
31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)	\$351.09
31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	\$154.18
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS	\$237.36

	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM	
31276	SINUS	\$306.92
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPENOIDOTOMY;	\$194.82
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	\$217.74
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION	\$194.82
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION	\$194.82
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	\$194.82
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	\$194.82
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$194.82
31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	\$0.00
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	\$547.58
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); DIAGNOSTIC	\$185.97
31360	LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION	\$613.20
31365	LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION	\$714.00
31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION	\$613.20
31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION	\$714.00
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL	\$613.20
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL	\$613.20
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL	\$613.20
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL	\$613.20
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION	\$613.20
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION	\$613.20
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$336.00
31420	EPIGLOTTIDECTOMY	\$210.00
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$42.00
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	\$27.45
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	\$21.08
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	\$26.96
31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	\$48.90
31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	\$61.88
31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	\$123.43
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	\$64.40
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	\$84.00
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	\$84.00
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE	\$84.00
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	\$84.00
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL	\$84.00
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT	\$42.00
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	\$155.01
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE	\$168.00
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	\$126.00
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	\$126.00
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	\$168.00
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH O	\$168.00

31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMOCOSAL REMOVAL OF NON	\$209.29
0.0.0	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-	Ψ=00:=0
31546	PLASTI	\$319.51
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	\$168.00
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	\$168.00
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	\$126.00
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE	\$126.00
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	\$42.00
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	\$96.26
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	\$135.60
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH REMOVAL OF FOREIGN BODY LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	\$165.74
31576	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC; WITH STROBOSCOPY	
31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH STROBUSCUPT	\$84.00 \$587.00
	, ,	
31582	LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT OR CORE MOLD, INCLUDING TRACHEOTOMY	\$569.42
31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	\$613.20
31587	LARYNGOPLASTY, CRICOID SPLIT	\$334.78
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS, RECONSTRUCTION AFTER PARTIAL LARYNGECTOMY)	\$408.80
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$733.19
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE PROCEDURE), UNILATERAL	\$393.35
31599	UNLISTED PROCEDURE, LARYNX	\$0.00
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	\$172.34
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	\$184.80
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	\$184.80
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	\$172.76
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$184.80
	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS	
31611	(EG, VOI	\$279.74
31612	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)	\$56.00
31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	\$131.71
31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	\$284.01
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$84.00
31620	ENDOBRONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC INTERVENTION(S)	\$147.58
31622	BRONCHOSCOPY, (RIGID OR FLEXIBLE); DIAGNOSTIC, WITH OR WITHOUT CELL WASHING	\$117.60
31623	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER	\$130.65
31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	\$122.19
31625	BRONCHOSCOPY; WITH BIOPSY	\$126.00
31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	\$126.00
31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	\$117.60
31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	\$126.00
31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	\$126.00
31632	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY	\$40.25
31633	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE	\$49.54
31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	\$182.25

	IDDONOLIGECODY, DICID OD ELEVIDLE, WITH OD WITHOUT ELHODOCCODIC CHIDANCE, WITH DIACEMENT OF DRONOLIAL	1
04000	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL	6404.40
31636	STENT(S)	\$131.48
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS	\$46.85
31037	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE, EACH ADDITIONAL MAJOR BRONCHOS BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REVISION OF TRACHEAL OR	Φ40.03
21620		014E 00
31638	BRONCHIAL PROJUCION OF TUMOR	\$145.92
31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	\$210.00
04044	BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG,	#040.00
31641	LASER)	\$210.00
31643	BRONCHOSCOPY, WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION	\$102.58
04045	DRONOLOGO ODV. MITH THERARELITIC ACRIBATION OF TRACHEORRONICHIAL TREE INITIAL (FO. DRAINAGE OF LLING ARCCECO)	6447.00
31645	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS)	\$117.60
31646	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT	\$58.80
31656	BRONCHOSCOPY; WITH INJECTION OF CONTRAST MATERIAL FOR SEGMENTAL BRONCHOGRAPHY (FIBERSCOPE ONLY)	\$122.40
31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)	\$60.27
31708	INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY OR BRONCHOGRAPHY, WITHOUT CATHETERIZATION	\$112.00
31710	CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF CONTRAST MATERIAL	\$112.00
31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	\$34.47
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$61.51
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL	\$25.20
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE	\$56.02
	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN	
31730	THERAPY	\$78.00
31750	TRACHEOPLASTY; CERVICAL	\$397.11
31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	\$236.84
31760	TRACHEOPLASTY; INTRATHORACIC	\$630.00
31766	CARINAL RECONSTRUCTION	\$814.80
31770	BRONCHOPLASTY; GRAFT REPAIR	\$584.22
31775	BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS	\$606.22
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL	\$742.01
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC	\$814.80
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CÉRVICAL	\$550.68
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC	\$613.20
31800	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; CERVICAL	\$259.65
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY; INTRATHORACIC	\$497.84
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	\$126.00
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	\$126.00
31830	REVISION OF TRACHEOSTOMY SCAR	\$174.82
31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	\$0.00
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	\$25.20
52000	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR PNEUMOTHORAX) (SEPARATE	Ψ20.20
32002	PROCEDURE)	\$53.48
32005	CHEMICAL PLEURODESIS (EG. FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	\$25.20
32019	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$507.54
02013	TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA) (SEPARATE	ψυυ1.υ4
32020	PROCEDURE)	\$126.00
32020	HOOLDONE	φ120.00

32035	THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA	\$301.96
32036	THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA	\$302.40
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	\$348.61
32100	THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY	\$403.20
32110	THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR	\$386.40
32120	THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS	\$386.40
32124	THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS	\$386.40
32140	THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDURE	\$386.40
32141	THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE	\$403.20
32150	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	\$386.40
32151	THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY	\$403.20
32160	THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE	\$386.40
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	\$403.20
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	\$152.32
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$395.05
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); TOTAL	\$756.00
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE); PARTIAL	\$369.17
32310	PLEURECTOMY; PARIETAL (SEPARATE PROCEDURE)	\$554.40
32320	DECORTICATION AND PARIETAL PLEURECTOMY	\$554.40
32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	\$27.66
32402	BIOPSY, PLEURA; OPEN	\$320.33
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$58.80
32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	\$58.80
32440	PNEUMONECTOMY, TOTAL	\$756.00
	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-	
32442	TRACHEAL ANASTOM	\$756.00
32445	PNEUMONECTOMY, EXTRAPLEURAL; WITHOUT EMPYEMECTOMY	\$756.00
32480	LOBECTOMY, TOTAL OR SEGMENTAL;	\$756.00
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	\$756.00
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	\$756.00
00.400	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS	
32486	FOLLOWED	\$756.00
00.400	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY;ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A	Φ 7 50.00
32488	PORTION	\$756.00
00404	EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-BOULLOUS) FOR LUNG VOLUME REDUCTION, STERNAL	4040.00
32491	SPLIT WEDGE DESCRIPTION OF LUNG. SINGLE OR MULTIPLE	\$819.82
32500	WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	\$603.31
20504	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHO- PLASTY)WHEN PERFORMED AT TIME OF LOBECTOMY OR	φοοο ο ₁
32501	SEGMENTEC	\$200.21
32503	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	\$1,021.27
32504	RESECTION OF APICAL LUNG TUMOR, INCLUDING CHEST WALL RESECTION, RIBS RESECTIONS, NEUROVASCULAR DISSECTION,	\$1,168.02
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY);	\$623.12
32601	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE);LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY	\$142.80
32602	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITH BIOPSY	\$142.80

32603	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE); PERICARDIAL SAC, WITHOUT BIOPSY	\$142.80
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$151.20
32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITHOUT BIOPSY	\$151.20
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$151.20
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	\$170.64
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$170.64
	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS	\$181.44
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT	\$170.64
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$170.64
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE	\$170.64
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$170.64
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	\$170.64
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC	\$170.64
	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR	
32659	DRAINA	\$170.64
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	\$181.44
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	\$170.64
32662	THORACOSCOPY, SURGICAL; WITH EXISION OF MEDIASTINAL CYST, TUMOR, OR MASS	\$170.64
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	\$181.44
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$170.64
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$170.64
	REPAIR LUNG HERNIA THROUGH CHEST WALL	\$302.40
	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)	\$403.10
	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$814.80
	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	\$744.00
	LUNG TANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$1,355.64
	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$1,470.19
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS	\$1,505.00
	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS	\$1,505.00
	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	\$252.00
	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	\$252.00
	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHOPLEURAL FISTULA	\$403.20
	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES	\$403.20
	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$58.80
32997	TOTAL LUNG LAVAGE (UNILATERAL)	\$182.87
	UNLISTED PROCEDURE, LUNGS AND PLEURA	\$0.00
	PERICARDIOCENTESIS; INITIAL	\$42.00
	PERICARDIOCENTESIS; SUBSEQUENT	\$25.20
33015	TUBE PERICARDIOSTOMY	\$220.02
	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)	\$555.22
	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	\$568.43
	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS	\$781.20
	PERICARDIECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS	\$737.47
	EXCISION OF PERICARDIAL CYST OR TUMOR	\$488.96
	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS	\$781.20
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	\$736.02

33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	\$737.05
	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDIAC	
33141	PROCEDURE	\$152.94
33200	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE; BY THORACOTOMY	\$524.67
33201	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE; BY XIPHOID APPROACH	\$481.60
33206	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	\$294.00
33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	\$294.00
33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); AV SEQUENTIAL	\$294.00
33210	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	\$144.27
00044	INCEPTION OF REPLACEMENT OF TEMPORARY TRANSVENOUS RUAL QUAMPER RACINIO ELECTRORES (CERARATE PROCEDURE)	* 4 4 4 4 0
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	\$144.48
00040	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC IMPLANTABLE CARDIOVERTER-	4400 00
33212	DEFIBRILLATOR PULS	\$126.00
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	\$210.00
00014	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM	4040.00
33214	(INCLUDES RE	\$210.00
00045	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR (RIGHT	0470.00
33215	ATRIAL	\$170.69
33216	INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAYS OR MORE AFTER	\$227.66
33217	INSERTION OR REPOSITIONING OF A TRANSVENOUS ELECTRODE (15 DAYS OR MORE AFTER	\$227.45
33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT	\$210.00
33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACEMAKER OR	\$212.59
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$237.15
33223	REVISION OF SKIN POCKET FOR SINGLE OR DUAL CHAMBER PACING	\$263.57
00220	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO	Ψ200.07
33224	PREVIOUS	\$275.13
	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF	- v =:-
33225	PAC	\$243.76
	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING	
33226	REMOVAL,	\$265.02
33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	\$115.17
33234	REMOVAL OF TRANSVENOUS PACEMAKER AND ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	\$192.57
33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	\$183.36
	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODEBY THORACOTOMY;SINGLE LEAD SYSTEM, ATRIAL OR	
33236	VENTRICULA	\$230.03
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODESBY THORACOTOMY;DUAL LEAD SYSTEM	\$230.03
33238	REMOVAL OF PERMASNENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$309.42
33240	INSERION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	\$277.20
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	\$108.15
33243	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	\$371.30
33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	\$309.42
	IMPLANTATION OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS, WITH OR WITHOUT SENSING	
33245	ELECTRODES;	\$366.72
33246	INSERTION OF EPICARDIAL SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-	\$320.88
33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER	\$371.30

	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V	
	NODE RE	\$674.31
56266	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, A-V	φο,σ.
33251	NODE RE	\$814.80
	OPERATIVE INCISIONS AND RECONSTRUCTION OF ATRIA FOR TREATMENT OF ATRIAL FIBRILLATION OR ATRIAL FLUTTER	\$1,157.28
	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS	\$814.80
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$220.64
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$171.11
33300	REPAIR OF CARDIAC WOUND; WITHOUT BYPASS	\$646.80
33305	REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS	\$646.80
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITHOUT BYPASS	\$633.44
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY BYPASS	\$775.24
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT BYPASS	\$665.64
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$910.22
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$814.80
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT BYPASS	\$705.68
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$824.77
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS	\$814.80
33400	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS	\$814.80
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	\$566.77
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATRION, WITH CARDIOPULMONARY BYPASS	\$714.24
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$814.80
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE	\$814.80
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH HOMOGRAFT VALVE (FREEHAND)	\$756.00
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE	\$1,237.16
33411	REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP	\$781.20
33412	REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)	\$781.20
	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLO- GOUS PULMONARY VALVE WITH HOMOGRAFT REPLACEMENT	
33413	OF PULM	\$781.20
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT	\$615.97
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS	\$781.20
	VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL	
33416	HYPERTROPH	\$781.20
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$781.20
33420	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); CLOSED	\$781.20
33422	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	\$781.20
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;	\$781.20
33426	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING	\$1,392.53
	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION WITH OR WITHOUT RING	\$1,505.63
	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$814.80
33460	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS;	\$781.20
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$927.36
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$992.78
33465	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS; REPLACEMENT	\$781.20
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$781.20

33470	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); CLOSED (TRANSVENTRICULAR)	\$566.77
33471	VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY	\$781.20
33472	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH INFLOW OCCLUSION	\$520.80
33474	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY); OPEN, WITH CARDIOPULMONARY BYPASS	\$752.74
33475	REPLACEMENT, PULMONARY VALVE	\$781.20
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY	\$615.97
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION	\$744.00
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)	\$1,291.24
	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIO-PULMONARY BYPASS	\$814.80
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARDIO-PULMONARY BYPASS	\$714.97
	ANOMALOUS CORONARY ARTERY; LIGATION	\$731.48
	ANOMALOUS CORONARY ARTERY; GRAFT, WITHOUT CARDIOPULMONARY BYPASS	\$732.51
	ANOMALOUS CORONARY ARTERY; GRAFT, WITH CARDIOPULMONARY BYPASS	\$814.80
	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY TUNNEL (TAKEUCHI	Ţ Ţ Ţ
	PROCEDURE)	\$814.80
	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO AORTA	\$814.80
	REPAIR OF ANOMALOUS AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION	\$985.15
00001	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OR VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE	φοσοιτο
33508	(LIST	\$9.29
	CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT	\$814.80
	CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN	Ψ014.00
	ADD	\$543.20
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN	φο 10.20
	ADD	\$543.20
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY	φο 10.20
33519	IN A	\$543.20
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN	φο 10.20
33521	AD	\$543.20
	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN	ψ0-10.20
	AD	\$543.20
00022	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE VENOUS GRAFTS (LIST	ψ5-10.20
33523	SEPARATEL	\$543.20
	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL	ψ5-10.20
	OPERATION	\$543.20
	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$814.80
	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	\$814.80
	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS	
	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	\$814.80
33542	INITOGANDIAL NESECTION (EG., VENTNICULAN ANEUNTSINIECTOINIT)	\$814.80

33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION	\$814.80
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHESTIC PATCH, WHEN PERFORMED	\$1,296.81
	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY	
33572	ARTERY	\$171.52
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID)BY SUTURE OR PATCH	\$730.80
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	\$730.80
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	\$730.80
	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY	
33608	CONTRUCTION	\$730.80
	REPAIR OF COMPLEX CARDIAC ANOMALIES(EG.SINGLE VENTRICLEWITH SUBAORTIC OBSTRUCTION)BY SURGICAL	
33610	ENLARGEMENT OF	\$730.80
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$730.80
	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR; WITH REPAIR OF RIGHT	
33612	VENTRICULAR	\$730.80
	REPAIR OF COMPLEXCARDIAC ANOMALIES BY CLOSURE OFATRIAL-SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR VENA	
33615	CAVA TO	\$730.80
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG. SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE	\$730.80
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA	\$756.00
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH	\$730.80
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE	\$730.80
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE	\$730.80
33660	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT;	\$712.83
	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR WITHOUT REPAIR OF MITRAL AND/OR TRICUSPID CLEFT; WITH	
33665	REPAI	\$730.80
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE	\$730.80
33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	\$611.00
	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR	
33684	RESECTION	\$549.90
	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH	
33688	OR WIT	\$770.00
33690	BANDING OF PULMONARY ARTERY	\$672.09
33692	COMPLETE REPAIR TETRALOGY OF FALLOT;	\$733.19
33694	COMPLETE REPAIR TETRALOGY OF FALLOT; WITH TRANSANNULAR PATCH	\$770.00
	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT	
33697	VENTRI	\$770.00
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;	\$733.19
00740	DEDAID CIVILIO DE VALCALIVA FIOTULA AVITU CARRIORU MONARY DYRACO MUTU REPAIR OF VENTRICULAR CERTAL REFEOT	*== **
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT	\$770.00
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS	\$770.00
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$770.00
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)	\$733.19
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE	\$733.14
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED (BLALOCK-HANLON TYPE OPERATION)	\$504.00
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	\$577.50
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN, WITH INFLOW OCCLUSION	\$577.50
33750	SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)	\$756.00

33755	SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)	\$756.00
33762	SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)	\$756.00
33764	SHUNT; CENTRAL, WITH PROSTHETIC GRAFT	\$756.00
33766	SHUNT; VENA CAVA TO PULMONARY ARTERY (GLENN TYPE OPERATION)	\$756.00
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)	\$756.00
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA	\$244.79
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS;	\$756.00
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES; WITH SURGICAL ENLARGEMENT OF VENTRICULAR SEPTAL DEFECT REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH	\$756.00
33774	CARD	\$756.00
33774	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH	φ/36.00
33775	CARD	\$756.00
00770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH	ψ7 30.00
33776	CARD	\$756.00
00.10	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH	Ψ. σσ.σσ
33777	CARD	\$756.00
33778	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);	\$756.00
33779	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	\$756.00
33780	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH	\$756.00
	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);	
33781	WITH	\$756.00
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$637.56
33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	\$654.50
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)	\$590.30
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING);	\$672.09
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS	\$756.00
33813	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS	\$616.00
33814	OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS	\$756.00
33820	PATENT DUCTUS ARTERIOSUS; LIGATION (PRIMARY PROCEDURE)	\$504.00
33822	PATENT DUCTUS ARTERIOSUS; DIVISION, ÙNDER 18 YEARS	\$504.00
33824	PATENT DUCTUS ARTERIOSUS; DIVISION, 18 YEARS AND OLDER	\$504.00
	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT	
33840	ANASTOMOSIS	\$756.00
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT	\$664.13
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEF	\$693.00
	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR OF	·
33852	HYPOPLASTIC O	\$693.00

	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITH	
33853	CARDIOPULMONARY	\$693.00
00000	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMPLANT, WITH OR WITHOUT	ψοσο.σο
33860	VALVE SU	\$756.00
3333	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITHOR WITHOUT VALVE SUSPENSION; WITH CORONARY	V 20100
33861	RECONSTRUCTIO	\$756.00
	ASCENDING AORTA GRAFT;WITH AORTIC ROOT REPLACEMENT USING COMPOSITE PROSTHESIS AND CORONARY	ψ, σσ.σσ
33863	RECONSTRUCTION	\$756.00
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	\$756.00
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$756.00
33877	REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS	\$756.00
00077	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN,	ψ/ 00.00
33880	INITIAL	\$1,016.52
00000		ψ1,010.02
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE OF LEFT SUBCLAVIN ARTERY ORIGIN,	\$873.28
00001	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INITIAL	ψο/ σ.20
33883	EXTEN	\$646.24
00000	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH	φο το.Σ ι
33884	ADDITION	\$240.25
00001		Ψ2 10.20
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA	\$558.11
00000	PERCENTENT OF BIOTAL EXPENSION FROM TEST BELLEVILLE FOR THE PROPERTY OF BEODERS HAS THORITISED FIGURE	φοσο
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF	\$480.50
00000	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN	ψ+00.00
33891	CONJUNCTION	\$613.01
33910	PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS	\$756.00
33915	PULMONARY ARTERY EMBOLECTOMY; WITHOUT BYPASS	\$512.40
33916	PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS	\$814.80
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	\$756.00
	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCALIZATION OF PULMONARY ARTERIES;	ψ, σσ.σσ
33918	WITHOUT	\$756.00
333.5	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONTRUCTION OR REPLACEMENT OF CONDUIT	V 20100
33920	FROM RIGH	\$730.80
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	\$730.80
	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A	Ţ. 55.50
33924	CONGENITAL HEAR	\$212.18
		
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CARDIOPULMONARY BYPASS	\$1,007.23
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDIOPULMONARY BYPASS	\$1,360.80
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$1,505.00
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	\$1,505.00
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY	\$563.68
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EACH ADDITIONAL 24 HOURS	\$389.68
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$147.16
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$23.94
33970	INTRA-AORTIC BALLOON COUNTERPULSATION; INSERTION ONLY	\$346.13

INTRA-AORTIC BALLOON COUNTERPULSATION; REMOVAL OF BALLOON INCLUDING REPAIR OF ARTERY, WITH OR WITHOUT GRAFT 33973 INSERTION OF INTR-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA REMOVAL OF INRRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORT 33974 AORT 33975 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33976 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC	\$273.76 \$346.13 \$273.76 \$273.76 \$365.00 \$273.76 \$300.00 \$0.00 \$0.00 \$240.25 \$260.40
33973 INSERTION OF INTR-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA REMOVAL OF INRRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORT 33974 AORT 33975 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33976 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK	\$346.13 \$273.76 \$273.76 \$365.00 \$273.76 \$300.00 \$0.00 \$0.00
REMOVAL OF INRRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORT 33975 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33976 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS	\$273.76 \$273.76 \$365.00 \$273.76 \$300.00 \$0.00 \$0.00
33974 AORT 33975 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33976 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$273.76 \$365.00 \$273.76 \$300.00 \$0.00 \$0.00
33975 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33976 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$273.76 \$365.00 \$273.76 \$300.00 \$0.00 \$0.00
33976 IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$365.00 \$273.76 \$300.00 \$0.00 \$0.00 \$240.25
33977 REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT 33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$273.76 \$300.00 \$0.00 \$0.00 \$240.25
33978 REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT 33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$300.00 \$0.00 \$0.00 \$240.25
33979 INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE 33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS	\$0.00 \$0.00 \$240.25
33980 REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$0.00 \$240.25
PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; EACH 33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	\$240.25
33994 ADDITION 33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	
33999 UNLISTED PROCEDURE, CARDIAC SURGERY EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK 34001 INCIS	
EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCIS	\$260.40
34001 INCIS	
TEMBOLECTOMY OR THROMBECTOMY WITH OR WITHOUT CATHETER INNOMINATE SUBCLAVIAN ARTERY BY THORACIC	\$394.80
34051 INCISION	\$501.35
EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY,	
34101 BY A	\$388.65
34111 EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	\$338.08
EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY	
34151 ABDOMIN	\$512.40
EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG	
34201 INCISION	\$387.00
	•
34203 EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION	\$394.80
34401 THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION	\$420.00
34421 THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	\$302.40
TURNARESTONING RIPEST OF WITH CATHETER VENA CANA HARD ESMODORORI TEAL VEIN BY ARRONANA AND LEG INCIDION	
34451 THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION	\$420.00
34471 THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	\$277.20
34490 THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	\$302.40
34501 VALVULOPLASTY, FEMORAL VEIN	\$504.00
34502 RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$504.00
34510 VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$504.00
34520 CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$616.00
34530 SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$504.00
ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING AORTO-AORTIC TUBE	
34800 PROSTHESIS	\$659.65
ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING MODULAR BIFURCATED	
34802 PROSTHESIS	\$727.97
ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING MODULAR BIFURCATED	
34803 PROSTHESIS	\$747.17
ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING UNIBODY BIFURCATED	
34804 PROSTHESIS	\$727.97

34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING AORTO UNIILIAC OR AORTO	\$686.28
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE	\$125.28
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOCVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL	\$205.16
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR	\$145.72
34813		\$145.72
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCULSION DURING ENDOVASCULAR THER	\$296.18
34823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$401.04
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC	\$394.02
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR; EACH ADDITIONAL VESSEL	\$125.28
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, TUBE PROSTHESIS	\$1,026.63
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BI-ILIAC PROSTHESIS	\$1,109.81
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, AORTO-BIFEMORAL PROSTHESIS	\$1,109.81
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF INFRARENAL AORTIC OR ILIAC ENDOVASCULAR	
34834	PROSTHESI	\$171.72
	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PSEUDOANEURYSM, ANTERIORVENOUS	
34900	MALFOR	\$538.91
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	
35001	WITHOUT	\$756.00
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	
35002	WITHOUT	\$718.68
05005	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	0005.40
35005	WITHOUT	\$605.16
05044	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ΦΕΕΟ ΟΟ
35011	WITHOUT	\$550.26
05010	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	\$697.84
35013	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	Ф097.04
35021	WITHOUT	\$756.00
33021	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψ7.50.00
35022	WITHOUT	\$756.00
00022	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψ7 00.00
35045	WITHOUT	\$512.08
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψο:=:σσ
35081	WITHOUT	\$814.80
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	*
35082	WITHOUT	\$814.80
-	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	1
35091	WITHOUT	\$814.80
-	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	1
35092	WITHOUT	\$814.80

	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	
35102	WITHOUT	\$814.80
00102	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	φ014.00
35103	WITHOUT	\$814.80
00100	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	φοι 1.00
35111	WITHOUT	\$751.30
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψ, σ.1.σσ
35112	WITHOUT	\$625.80
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψοΞοίου
35121	WITHOUT	\$756.00
00.2.	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψ, σσ.σσ
35122	WITHOUT	\$756.00
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	ψ, σσ.σσ
35131	WITHOUT ,	\$746.76
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	- •
35132	WITHOUT '	\$756.00
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	*
35141	WITHOUT '	\$638.40
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	******
35142	WITHOUT '	\$701.76
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	·
35151	WITHOUT '	\$706.09
	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR	·
35152	WITHOUT	\$555.63
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	\$437.98
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$332.21
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	\$466.05
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	\$475.34
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN	\$940.50
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	\$503.20
35201	REPAIR BLOOD VESSEL, DIRECT; NECK	\$432.41
35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	\$357.55
35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	\$450.98
35211	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS	\$625.28
35216	REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS	\$493.86
35221	REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL	\$285.60
35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	\$285.60
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	\$285.60
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	\$285.60
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS	\$285.60
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS	\$285.60
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL	\$285.60
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	\$285.60
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	\$285.60
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	\$455.04
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS	\$623.44

35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS	\$540.48
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL	\$285.60
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	\$285.60
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION	\$638.40
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION	\$638.40
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	\$551.50
	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ABDOMINAL AORTA	\$756.00
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; MESENTERIC, CELIAC, OR RENAL	\$756.00
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIAC	\$756.00
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; ILIOFEMORAL	\$694.33
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIAC	\$756.00
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMBINED AORTOILIOFEMORAL	\$756.00
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; COMMON FEMORAL	\$526.73
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	\$640.54
35381	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; FEMORAL AND/OR POPLITEAL, AND/OR TIBIOPERONEAL	\$638.40
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION	\$108.15
	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION	
35400	T T	\$114.35
35450	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$519.51
35452	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; AORTIC	\$504.00
35454	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; ILIAC	\$504.00
35456	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; FEMORAL-POPLITEAL	\$504.00
35458	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; BRACHIOCEPHALIC	\$504.00
35459	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
35460	TRANSLUMINAL BALLOON ANGIOPLASTY, OPEN; VENOUS	\$504.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTERY	\$519.51
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; AORTIC	\$504.00
35473	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; ILIAC	\$504.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$504.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC	\$504.00
	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; VENOUS	\$504.00
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$541.18
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	\$504.00
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	\$504.00
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	\$504.00
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC	\$504.00
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTERY	\$541.18
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	\$504.00
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	\$504.00
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$504.00
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC	\$504.00
	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	\$504.00
	HARVEST OF UPPER EXTREMETY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDURE	\$189.89
35501	BYPASS GRAFT, WITH VEIN; CAROTID	\$756.00

35506	BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN	\$756.00
35507	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-CAROTID	\$756.00
35508	BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL	\$756.00
35509	BYPASS GRAFT, WITH VEIN; CAROTID-CAROTID	\$756.00
35510	BYPASS GRAFT, WITH VEIN; CAROTID BRACHIAL	\$726.12
35511	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN	\$577.92
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN BRACHIAL	\$712.29
35515	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL	\$635.92
35516	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN VEHTEBINAL BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY	\$738.91
35518	BYPASS GRAFT, WITH VEIN; AXILLARY	\$720.75
35521	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL	\$737.47
35522	BYPASS GRAFT, WITH VEIN; AXILLARY BRACHIAL	\$691.85
35525	BYPASS GRAFT, WITH VEIN; AXIEEATT BRACHIAL	\$660.69
35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID	\$708.57
35531	BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC	\$756.00
35533	BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL	\$756.00
35536	BYPASS GRAFT, WITH VEIN; ACIDENTIFIC EMOTIVE BYPASS GRAFT, WITH VEIN; SPLENORENAL	\$756.00
35541	BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$756.00
35546	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL OR BIFEMORAL	\$814.80
35548	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, UNILATERAL	\$814.80
35549	BYPASS GRAFT, WITH VEIN; AORTOILIOFEMORAL, BILATERAL	\$814.80
35551	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL-POPLITEAL	\$814.80
35556	BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL	\$756.00
35558	BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL	\$677.61
35560	BYPASS GRAFT, WITH VEIN; AORTORENAL	\$756.00
35563	BYPASS GRAFT, WITH VEIN; ILIOILIAC	\$504.00
35565	BYPASS GRAFT, WITH VEIN; ILIOFEMORAL	\$727.15
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35566	BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS	\$756.00
35571	BYPASS GRAFT, WITH VEIN; POPLITEAL-TIBIAL, -PERONEAL ARTERY OR OTHER DISTAL VESSELS	\$756.00
	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA	
35572	CAVAL, C	\$206.81
35583	IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL	\$756.00
35585	IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	\$756.00
35587	IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL	\$756.00
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE	\$154.18
35601	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID	\$756.00
35606	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN	\$756.00
35612	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN	\$711.67
35616	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY	\$714.56
35621	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL	\$744.28
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$521.16
35626	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID	\$756.00
35631	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL	\$756.00
35636	BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL	\$756.00
35637	BYPASS GRAFT, WITH OTHER THAN VEIN; VERTEBRAL-CAROTID TRANSPOSITION	\$756.00

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35638	BYPASS GRAFT, WITH OTHER THAN VEIN; VERTEBRAL-SUBCLAVIAN TRANSPOSITION	\$527.15
35641	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC	\$756.00
35642	BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL	\$608.26
35645	BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL	\$612.60
35646	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL OR BIFEMORAL	\$983.08
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$888.35
35650	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY	\$697.01
35651	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL-POPLITEAL	\$814.80
35654	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL	\$814.80
35656	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL	\$746.34
35661	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL	\$655.32
35663	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC	\$717.86
35665	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL	\$730.86
35666	BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY	\$756.00
35671	BYPASS GRAFT, WITH OTHER THAN VEIN; POPLITEAL-TIBIAL OR -PERONEAL ARTERY	\$756.00
35681	BYPASS GRAFT, WITH OTHER THAN VEIN, FOFLITEAL-TIBIAL OR -FERONEAL ARTERY	\$595.88
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS	\$256.76
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS FROM TWO OR MORE LOCATIONS	\$294.53
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT	\$123.01
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS)	\$101.76
35691	TRANSPOSITION AND-OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	\$756.00
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	\$520.13
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	\$602.48
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	\$602.48
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY	\$91.23
	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL-ANTERIOR TIB-IAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER	
35700	DISTAL	\$104.23
35701	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; CAROTID ARTERY	\$259.65
35721	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; FEMORAL ARTERY	\$235.20
35741	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; POPLITEAL ARTERY	\$235.71
35761	EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS	\$319.20
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	\$319.20
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST	\$437.77
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN	\$359.34
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	\$263.20
35870	REPAIR OF GRAFT-ENTERIC FISTULA	\$731.50
35875	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	\$424.98
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT	\$429.00
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	\$545.52
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35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITION	\$598.15
35901	EXCISION OF INFECTED GRAFT; NECK	\$313.55
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	\$313.55
35905	EXCISION OF INFECTED GRAFT; THORAX	\$451.07
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	\$451.07
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$16.80

36002	INJECTION PROCEDURES (EG, THROMBIN)FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	\$102.99
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	\$25.20
36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	\$50.40
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	\$67.20
	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL	
36012	VEIN, P	\$84.00
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$50.40
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$67.20
36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$84.00
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	\$123.63
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER; RETROGRADE BRACHIAL ARTERY	\$96.60
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	\$33.60
	INTRODUCTION OF NEEDLE OR INTRACATHETER; ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS (CANNULA, FISTULA, OR	
36145	GRAFT)	\$140.00
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$84.00
36200	INTRODUCTION OF CATHETER, AORTA	\$84.00
	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN	
36215	A V	\$76.70
	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH,	,
36216	WITHIN	\$119.18
	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR	***************************************
36217	BRACHIOCEPHAL	\$204.75
002	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC	Ψ=0 σ
36218	OR B	\$32.09
00210	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY	φο2.00
36245	ARTERY BR	\$235.20
002.0	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY	Ψ200:20
36246	BRANC	\$235.20
332.5	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR	Ψ=00:=0
36247	LOWE	\$235.20
332	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND,	Ψ=00:=0
36248	ABDOMINAL, PE	\$235.20
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	\$352.80
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$201.60
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$201.60
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	\$0.00
36400	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL, JUGULAR OR SAGITTAL SINUS	\$5.40
36405	VENIPUNCTURE, UNDER AGE 3 YEARS; SCALP VEIN	\$12.84
36406	VENIPUNCTURE, UNDER AGE 3 YEARS; OTHER VEIN	\$6.91
55.55	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR	ΨΟΙΟΙ
36410	DIAGN	\$49.75
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF SPECIMEN(S)	\$1.80
36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	\$33.23
36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	\$28.00
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$21.26
.304.311		Ψ21.20

38480 TRANSFUSION, INTRAUTERINE, FETAL 38480 SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK 38480 SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK 38470 INJECTION OF SCLEROSING SOLUTIONS SINGLE VEIN 38471 INJECTION OF SCLEROSING SOLUTIONS, SPIDER VEINS, TELANGIECTASIA); FACE 38210 38471 INJECTION OF SCLEROSING SOLUTIONS, SMILE VEIN 38471 INJECTION OF SCLEROSING SOLUTIONS, SMILE VEIN 38473 MONITORING, 58210 58	36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	\$145.60
38488 SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK 36490 SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE 321.0 38471 INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN 38472 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING. 48283.1 58478 MONITORING. 5820.1 58478 MONITORING. 5820.1 58478 MONITORING. 5820.1 58478 MONITORING. 5820.1 58479 MONITORING. 5820.2 58590 VENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND 58479 MONITORING. 5829.3 58691 PERCUTARABOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD 5829.3 58690 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPHING 5829.3 58510 CATHETERIZATION OF UMBLICAL VEIN FOR IDAGNOSIS OR THERAPY, NEWBORN 5829.2 58511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS 5810.3 58611 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS 5810.3 58611 THERAPEUTIC APHERESIS; FOR PLATELETS 5810.3 58611 THERAPEUTIC APHERESIS; FOR PLASHAP HIERAPE ACCORDING TO A SHEET AND A SHEET A	36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	\$124.98
38488 SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK 36490 SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE 321.0 38471 INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN 38472 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING. 48283.1 58478 MONITORING. 5820.1 58478 MONITORING. 5820.1 58478 MONITORING. 5820.1 58478 MONITORING. 5820.1 58479 MONITORING. 5820.2 58590 VENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND 58479 MONITORING. 5829.3 58691 PERCUTARABOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD 5829.3 58690 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPHING 5829.3 58510 CATHETERIZATION OF UMBLICAL VEIN FOR IDAGNOSIS OR THERAPY, NEWBORN 5829.2 58511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS 5810.3 58611 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS 5810.3 58611 THERAPEUTIC APHERESIS; FOR PLATELETS 5810.3 58611 THERAPEUTIC APHERESIS; FOR PLASHAP HIERAPE ACCORDING TO A SHEET AND A SHEET A	36460		\$100.10
36470 INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN 36471 INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN 36471 SINJECTION OF SCLEROSING SOLUTION; SINGLE VEIN 36475 MINIECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG 36475 MONITORING, 36476 MONITORING, 36477 MONITORING, 36478 MONITORING, 36478 MONITORING, 36479 MONITORING, 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD 364819 MONITORING, 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD 364819 MONITORING, 36591 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING 36511 THERAPEUTIC APHERESIS; FOR PLATELETS 36511 THERAPEUTIC APHERESIS; FOR PLATELETS 36512 THERAPEUTIC APHERESIS; FOR PLATELETS 36513 THERAPEUTIC APHERESIS; FOR PLATELETS 36514 THERAPEUTIC APHERESIS; FOR PLATELETS 36516 SIGNAL APHERESIS; FOR PLATELETS 36516 THERAPEUTIC APHERESIS; FOR PLATELETS 36516 THERAPEUTIC APHERESIS; FOR PLATELETS 36516 SIGNAL APHERESIS; FOR PLATELETS 36517 SIGNAL APHERESIS; FOR PLATELETS 36510 SIGNAL APHERESIS; FOR PLATELET	36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK	\$21.00
39471 INJECTION OF SCLEROSING SOLUTION: MULTIPLE VEINS, SAME LEG ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND S1,207.0 30475 MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$238.3 396481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$252.2 395510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$252.2 395511 CHERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 39512 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 39514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 39515 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 39514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 39515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 39516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION OR SELECTIVE FILTRATION AND PLASMA 39522 PHOTOPHERESIS, EXTRACORPOREAL \$990.5 SISSETION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE OR 100 DRIP. 395551 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 39558 AGE 50 OR 395691 UNDER 5 395690 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 395691 NEERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR	36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); FACE	\$21.00
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND S1,207.0 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND S236.1 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND S1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND S1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND S238.3 MONITORING, S238.3 MONITORING, S238.3 MONITORING, S238.3 MONITORING, S238.2	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	\$21.00
S1207.0 MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$223.3 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$226.2 36500 CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$252.2 36511 THERAPEUTIC APHERESIS; FOR PLATELETS THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36516 PREPADEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA BEINFUSIO \$51.6 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA BEINFUSIO \$51.6 S51.6	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	\$21.00
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING. S236.1 BIODVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$238.3 SABA11 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$238.3 SABA11 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$252.2 S6500 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$252.2 S6510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$252.2 S6511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 S6512 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 S6513 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 S6514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 S6515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 S6516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION \$51.6 S6522 PHOTOPHERESIS, EXTRACORPOREAL \$365.5 S6550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$117.1 S6555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 S6556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, O		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND	
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING. S236.1 BENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$236.3 BA6481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$223.2 36500 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$223.3 36510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$25.2 36511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA \$51.6 36517 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA \$51.6 36518 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA \$51.6 36519 DECLOTITING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$1.7 36555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; SYEARS OF AGE \$1.7 36557 INSERTION OF FON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, OR 593.0 365	36475	MONITORING,	\$1,207.03
### MONITORING. ### SAS.1 ### SA		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND	
MONITORING, \$1,111.6 ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$238.3 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$238.3 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$252.2 36500 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$25.2 36510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$25.2 36511 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36516 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36517 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36518 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION \$51.6 36519 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION \$51.6 36510 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$11.7 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$16.4 36552 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; BY SEARS OF AGE \$15.7 36556 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER S 36550 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 36550 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 36550 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 36550 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT AGE 5 OR 36560 INSERTION OF TUNNELED CENTRAL	36476	MONITORING,	\$236.12
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$238.3 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$25.2 36500 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$25.2 36510 CATHETERIZATION OF UNBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$25.2 36511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSIO \$51.6 36519 PHOTOPHERESIS, EXTRACORPOREAL \$98.5 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$17.1 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; BY YEARS OF AGE OR OLDER \$157.9 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, W		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND	
ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND \$238.3 36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$25.2 36510 CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$25.2 36510 CATHETERIZATION OF OR SELECTIVE ORGAN BLOOD SAMPLING \$25.2 36511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION \$51.6 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION \$51.6 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION \$51.6 36550 DECLOTITING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$98.5 36550 DECLOTITING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$17.1 36555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WIDDER 5 YEARS OF AGE OR OLDER \$157.9 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT, AGE 5 OR INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS \$693.0 36666 INSERTION OF TUNNELED CENTRALLY INSERTED C	36478	MONITORING,	\$1,111.67
98481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$25.2 36500 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$25.2 36510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$25.2 36511 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36516 REPORTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36516 PHOTOPHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36516 REINFUSIO \$51.6 36520 PHOTOPHERESIS, EXTRACORPOREAL 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$17.1 36555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CACESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36569 INSERTION OF TUNNELED CENTRAL		ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND	
36481 PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD \$25.2 36510 VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING \$25.2 36510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$25.2 36511 THERAPEUTIC APHERESIS; FOR BUSOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR BUSOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 36516 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 36517 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36518 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION OR SELECTIVE FILTRATION AND PLASMA \$51.6 36519 PHOTOPHERESIS, EXTRACORPOREAL \$51.6 36520 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$17.1 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36562 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 3656	36479	MONITORING,	\$238.39
36510 CATHETERIZATION OF UMBLICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN 36511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS 36513 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS 36514 THERAPEUTIC APHERESIS; FOR PLATELETS 36515 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36515 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION 36516 REINFUSIO 36517 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36518 REINFUSIO 36519 PHOTOPHERESIS, EXTRACORPOREAL 36510 SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36510 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 36552 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 10 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVI	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$25.20
\$25.2 36510 CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN \$25.2 36511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS \$51.6 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36513 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS \$51.6 36514 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; FOR PLATELETS \$51.6 36515 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS \$51.6 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA \$61616 REINFUSIO \$51.6 36522 PHOTOPHERESIS, EXTRACORPOREAL \$98.5 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$98.5 36550 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36562 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR		VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$25.20
36511 THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS 36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS 36513 THERAPEUTIC APHERESIS; FOR PLATELETS 36514 THERAPEUTIC APHERESIS; FOR PLATELETS 36514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36515 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36516 REINFUSIO 36516 PHOTOPHERESIS, EXTRACORPOREAL 36520 PHOTOPHERESIS, EXTRACORPOREAL 36530 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36530 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 3184.1 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 3185.7 36552 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36550 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, 36558 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, 36559 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 36560 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 36560 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 36560 INSERTION OF PERIPHERALLY INS	36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	\$25.20
36512 THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS 36513 THERAPEUTIC APHERESIS; FOR PLATELETS 36514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36515 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36516 REINFUSIO 3652 PHOTOPHERESIS, EXTRACORPOREAL 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 36550 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36550 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36564 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS \$695.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS \$695.6 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 OLDER	36511		\$51.60
36513 THERAPEUTIC APHERESIS; FOR PLATELETS 36514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 36516 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36516 REINFUSIO \$51.6 36522 PHOTOPHERESIS, EXTRACORPOREAL 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; DIDER 5 YEARS OF AGE 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; SYEARS OF AGE 36557 UNSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; SYEARS OF AGE 36558 OR 36559 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; WITHOUT SUBCUTANEOUS PORT OR PUMP, 36550 UNSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36551 UNSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP 36564 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, S693.0 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 OLDER	36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$51.60
36514 THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS 36515 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION \$51.6 THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSIO \$51.6 36516 REINFUSIO \$51.6 36522 PHOTOPHERESIS, EXTRACORPOREAL \$98.5 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER \$15.1 36550 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE \$185.7 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 1NSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER 36562 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36564 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT OR PUMP, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 100 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 100 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTA			\$51.60
THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36516 REINFUSIO 36516 REINFUSIO 3652 PHOTOPHERESIS, EXTRACORPOREAL 3653 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER 36557 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36559 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, 36564 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, 36567 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT OR PUMP, 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOU		THERAPEUTIC APHERESIS: FOR PLASMA PHERESIS	\$51.60
THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA 36516 REINFUSIO 36522 PHOTOPHERESIS, EXTRACORPOREAL 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 3184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 3185.7 36557 UNDER 5 36557 UNDER 5 36558 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36564 OLDER 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS	36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSION	\$51.60
36516 REINFUSIO 36522 PHOTOPHERESIS, EXTRACORPOREAL 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE 1857.9 1858.7 1858		THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA	
36522 PHOTOPHERESIS, EXTRACORPOREAL 36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36555 INSERTION OR NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE \$184.1 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER 100 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 100 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36564 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 100 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 100 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 100 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 100 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 100 INSERTION OF PERIPHER	36516		\$51.60
36550 DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER 36551 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE OR OLDER 36557 UNDER 5 36558 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36551 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36564 OLDER 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, S595.6 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT OR PUMP, UNDER 5 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 36569 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR 36569 OLDER	36522	PHOTOPHERESIS, EXTRACORPOREAL	\$98.56
36555 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE 36566 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER 3657 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36564 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT OR PUMP, S693.0 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 36569 OLDER 36569 OLDER	36550	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$17.13
36556 INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36557 UNDER 5 36558 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36564 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORT S 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER	36555	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE	\$184.11
36557 UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORTS 36568 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER 36569 OLDER \$180.3	36556	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER	\$157.90
INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, 36558 AGE 5 OR \$390.1 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 \$746.7 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER \$739.9 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 \$214.6 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP,	
36558 AGE 5 OR \$390.1 36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 \$746.7 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER \$739.9 36561 OLDER \$739.9 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 \$214.6 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER	36557	UNDER 5	\$398.35
36560 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP,	
INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3	36558	AGE 5 OR	\$390.10
INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR 36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3			
36561 OLDER 36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 \$214.6 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR \$180.3	36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5	\$746.76
36563 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP \$693.0 36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3		INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR	
36565 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA \$595.6 36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3	36561	OLDER	\$739.94
36566 INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS \$622.5 36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3	36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	\$693.09
36568 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER \$180.3	36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA	\$595.67
INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR \$180.3	36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS	\$622.50
INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR \$180.3			
36569 OLDER \$180.3	36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	\$214.66
		INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR	
36570 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE \$957.7	36569	OLDER	\$180.39
36570 INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE \$957.7			
	36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE	\$957.70

36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, AGE 5 YEARS OR OLDER	\$35.50
30371	REPAIR OF TUNNELED OR NON TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP,	ψ00.00
36575	CENTRAL	\$95.15
	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCANTEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION	
36576	SITE	\$237.15
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR	\$302.17
	REPLACEMENT, COMPLETE, OF A NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT	
36580	SUBCUTANEOUS	\$151.50
	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS	
36581	PORT	\$357.28
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	\$669.77
	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	φσσσ
36583	PUMP	\$391.75
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	Φ1E0 E0
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	\$158.52 \$843.76
	REMOVAL OF TUNNELED CENTRAL VENOUS CATHERER. WITHOUT SUBCUTANEOUS PORT OR PUMP	·
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHERER. WITHOUT SUBCUTANEOUS FORT OR PUMP	\$95.77
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL	\$207.02
	MECHANICAL REMOVAL OF PERICATHETER OBSTUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS	*
36595	ACCESS	\$470.59
36596	MECHANICAL REMOVAL OF INTRALUMINAL OBSTUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	\$107.95
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	\$91.85
00001	CONTRAST INJECTIONS FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING	ψ51.00
36598	FLUOROSCOPY,	\$71.00
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$11.95
	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE);	φιτισο
36620	PERCUTAN	\$33.60
00020	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE);	φσσ.σσ
36625	CUTDOWN	\$42.00
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	\$75.60
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	\$50.40
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$96.55
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	\$93.52
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	\$151.20
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	\$143.04
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$401.04
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	\$458.21
36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VWIN TRANSPOSITION	\$455.94
36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	\$354.60
	INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY	
36822	(ECMO)	\$151.20

	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULATION INCLUDING REGIONAL	
36823	CHEMOTH	\$692.68
36825	CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT	\$504.00
36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	\$504.00
36831	THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION	\$228.69
36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT	\$504.00
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY	\$365.95
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	\$387.62
36835	INSERTION OF THOMAS SHUNT	\$212.52
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION, UPPER EXTREMITY HEMODIALYSIS ACCESS	\$678.85
36860	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	\$49.31
36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	\$67.20
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS GRAFT	\$747.79
37140	ANASTOMOSIS; PORTOCAVAL	\$756.00
37145	ANASTOMOSIS; RENOPORTAL	\$756.00
37160	ANASTOMOSIS; CAVAL-MESENTERIC	\$756.00
37180	ANASTOMOSIS; SPLENORENAL, PROXIMAL	\$756.00
37181	ANASTOMOSIS; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)	\$756.00
	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND	
37182	PORTA	\$513.11
	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND	
37183	PORTAL	\$238.39
	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS	
37184	GRAFT	\$1,674.11
	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS	
37185	GRAFT, INC	\$545.72
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	\$1,130.45
	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL	
37187	THROMBOLY	\$1,628.91
07400	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL	* 400.07
37188	THROMBOLY THROMBOLY OF PERPANERY INTRAVENOUS INFLICION	\$1,408.27
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$169.66
37200	TRANSCATHETER BIOPSY TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	\$132.92
37201	TRANSCATHETER THERAPT, INFUSION FOR THROMBOLTSIS OTHER THAN CORONART	\$280.70
27202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (EG, SPASMOLYTIC, VASOCONSTRICTIVE)	¢210.02
37202	TRANSCATHETER THERAPY, INPOSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (EG, SPASMOLYTIC, VASOCONSTRICTIVE) TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL	\$219.82
37203	CATHETE	\$105.05
31203	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A	\$195.05
37204	VASCUL	\$701.97
31204	VACOUL	φ/01.9/
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS; INITIAL VESSEL	\$235.20
3/203	THANSOATHETERT LACEMENT OF AN INTRAVASCULAR STENT(S), (NON-COROMANT VESSEL), FERCUTAMEDUS, INTRAL VESSEL	⊅∠35.20

	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PERCUTANEOUS; EACH	
37206	ADDITIONAL VES	\$117.60
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPEN; INITIAL VESSEL	\$235.20
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPEN; EACH ADDITIONAL VESSEL	\$117.60
37209	EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHETER DURING THROMBOLYTIC THERAPY	\$51.19
	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITH DISTAL	·
37215	EMBOLIC	\$596.29
	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL	
37216	EMBO	\$574.41
37250	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING DIAGNOSTIC EVALUATION	\$57.38
37251	INTRASVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING THERAPEUTIC INTERVENTION; EACH ADDITIONAL VESSEL	\$43.76
37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	\$414.86
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	\$0.00
37565	LIGATION OF INTERNAL JUGULAR VEIN	\$201.60
37600	LIGATION; EXTERNAL CAROTID ARTERY	\$210.00
37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	\$231.99
	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD	
37606	CLAMP	\$252.00
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$197.52
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$100.80
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	\$256.56
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST	\$302.40
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	\$378.00
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY	\$210.94
37620	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY SUTURE, LIGATION, PLICATION, CLIP, EXTRAVASCULAR,	\$378.00
37650	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE	\$168.00
37660	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY LIGATURE, INTRAVASCULAR DEVICE	\$294.00
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	\$151.20
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$226.42
37722	LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	\$269.76
	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER	
37735	A	\$413.01
37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT	\$100.80
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$254.90
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$309.81
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	\$100.80
37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG	\$42.00
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$231.00
37790	PENILE REVASCULARIZATON, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$252.22
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	\$0.00
38100	SPLENECTOMY (SEPARATE PROCEDURE); TOTAL	\$464.19
38101	SPLENECTOMY (SEPARATE PROCEDURE); PARTIAL	\$439.84
38102	SPLENECTOMY; TOTAL, IN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE	\$161.40

38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY	\$378.00
38120	LAPAROSCOPY, SURGICAL SPLENECTOMY	\$0.00
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	\$0.00
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	\$58.80
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC	\$44.58
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	\$44.58
38220	BONE MARROW ASPIRATION	\$118.68
38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	\$126.94
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	\$150.35
38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	\$149.74
38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	\$103.90
	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE	
38242	INFUSIONS	\$50.77
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	\$33.60
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	\$33.60
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$175.03
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH	\$280.00
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH	\$420.00
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH	\$316.41
38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)	\$58.80
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	\$50.36
38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)	\$58.80
38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD	\$58.80
38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)	\$33.60
38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)	\$33.60
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$214.66
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE	\$118.22
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCUALR DISSECTION; COMPLEX	\$270.18
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	\$361.20
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)	\$361.20
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	\$301.55
38571	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$382.25
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING	\$443.35
38589	UNLISTED LAPAROSCOPY PROCEDURE,LYMPHATIC SYSTEM	\$0.00
38700	SUPRAHYOID LYMPHADENECTOMY	\$361.20
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$504.00
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)	\$616.10
38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	\$248.92
38745	AXILLARY LYMPHADENECTOMY; COMPLETE	\$374.20
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	\$148.61
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENA CAVA NODES	\$165.12
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	\$335.81

	TINIOLUNIOFEMODAL LYMPHADENICOTOMY CUREDEICIAL IN CONTINUUTY MITH DELVIC LYMPHADENICOTOMY INCLUDING	1
00705	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING	ΦΕ 40,00
38765	EXTERNAL ILI	\$546.00
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)	\$609.91
36770	RETROPERITONEAL TRANSABDOMINAL LYMPHADENCTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES	φουσ.σ1
38780	(SEPARATE	\$711.05
38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	\$80.08
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	\$0.00
38794	CANNULATION, THORACIC DUCT	\$84.00
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	\$0.00
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH	\$252.01
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; TRANSTHORACIC	\$493.92
39200	EXCISION OF MEDIASTINAL CYST	\$542.21
39220	EXCISION OF MEDIASTINAL TUMOR	\$680.40
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY	\$210.00
39499	UNLISTED PROCEDURE, MEDIASTINUM	\$0.00
39501	REPAIR, LACERATION OF DIAPHRAGM	\$515.59
	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR WITHOUT FUNDOPLASTY, VAGOTOMY, AND/OR	
39502	PYLOROPLAS	\$613.63
	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION	
39503	OF VE	\$730.80
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); TRANSTHORACIC	\$626.42
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL	\$642.32
	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL); COMBINED, THORACOABDOMINAL, WITH DILATION OF STRICTURE	
39531	(WITH	\$563.68
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	\$549.85
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; CHRONIC	\$572.97
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; PARALYTIC	\$452.02
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	\$454.29
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL LOCAL MUSCLE FLAP)	\$622.92
39599	UNLISTED PROCEDURE, DIAPHRAGM	\$0.00